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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 09/916292	
Substitute for Form PTO-875							
CLAIMS AS FILED – PART I							
(Column 1)		(Column 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE		RATE
BASIC FEE (37 CFR 1.16(a))					\$ _____	OR	\$ _____
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*		X \$ _____ =		OR	X \$ _____ =
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*		X \$ _____ =		OR	X \$ _____ =
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$ _____ =		OR	+ \$ _____ =
				TOTAL		OR	TOTAL
* If the difference in column 1 is less than zero, enter "0" in column 2.							
CLAIMS AS AMENDED – PART II							
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
Total (37 CFR 1.16(c))		*	Minus	** 21		=	
Independent (37 CFR 1.16(b))		*	Minus	*** 5		=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
Total (37 CFR 1.16(c))		*	Minus	**		=	
Independent (37 CFR 1.16(b))		*	Minus	***		=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	
Total (37 CFR 1.16(c))		*	Minus	**		=	
Independent (37 CFR 1.16(b))		*	Minus	***		=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

R284-0117/P117
OFFICE 292

09/17/06 292

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	0
INDEPENDENT CLAIMS	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE ☐ OR

OTHER THAN
SMALL ENTITY

RATE	FEE	RATE	FEE
BASIC FEE	355.00	BASIC FEE	710.00
X5 9=		X518=	
X40=		X30=	
+135=		+270=	
TOTAL		TOTAL	710

11/15/04 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PAYMENT EXTRA
Total	21	20	1
Independent	3		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X5 9=		X518=	15
X40=		X30=	
+135=		+270=	
TOTAL ADDITIONAL FEE		TOTAL ADDITIONAL FEE	

42405

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PAYMENT EXTRA
Total	21	21	
Independent	5	3	32
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X5 9=		X518=	
X40=		X30=	400
+135=		+270=	
TOTAL ADDITIONAL FEE		TOTAL ADDITIONAL FEE	400

5/23/05

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PAYMENT EXTRA
Total	21	21	
Independent	5	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X5 9=		X518=	
X40=		X30=	
+135=		+270=	
TOTAL ADDITIONAL FEE		TOTAL ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, enter "0" in column 3.
* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "2."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number listed in the appropriate bar in column 1.

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